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FIFTY APHORISMS IN PREGNANCY.

BY E. J. KEMPF, M. D.

Introduction. "In such a manner we can cover a vast field in comparatively a short space of time. It is, too, a very useful way of imparting and receiving information. It is, of course, in its very nature dogmatic, as it offers no proof for its assertions, but it is presupposed on such a subject as this that the evidence on all sides has been weighed, and we can judge how far the propositions laid down accord with our several convictions. It is, too, a very natural way of imparting intelligence. Aphorisms form the method we use continually in conversation, where we first of all state our propositions positively, and discuss them afterward, if there be any necessity."* I shall be glad, indeed, if any reader will do me the honor to dispute any proposition I may make, that the truth may better be arrived at.

General Aphorisms. 1. "The safest plan is to consider every woman, whether married or single, who comes to you for treatment, as

*R. O. Cowling, M. D., Aphorisms in Fracture, Louisville Medical News, Vol. IV, 1877, page 302.

pregnant until you have satisfied yourself to the contrary.”*

2. The physician or midwife should inform himself all about the patient's former labors, general physical status, condition of lungs and heart, etc., the presentation and position and condition of the child and the location of the placenta by external manipulation, several weeks before delivery.†

3. “To find day of confinement, take last day of menstruation, say February 10th, count backward three months to November 10th, and add seven days = November 17th. An exact reckoning of the date of confinement is impossible, errors of one or two weeks being sometimes made.”‡

4. Direct the pregnant woman to (1) keep the bowels regular, (2) that the diet be plain and nutritious, (3) to take frequent baths, (4) not to get cold or wet, (5) to take moderate exercise, (6) to do the usual light housework, (7) to be in the open air often, (8) not to worry or get excited, (9) that the dress should be warm, loose, and there

*Munde, *Pregnancy, Parturition and Puerperal State* 1886, page 2.

†Wilson, *Fetal Physical Diagnosis*, *Medical Herald*, Vol. II, 1880, page 398, and Munde, page 8.

‡*Medical News Visiting List*, 1887, page 8.

should be no pressure on the breasts, waist, or abdomen, (10) to wear an abdominal bandage, (11) to bathe the nipples in some astringent solution if they are sore, (12) to consult the family physician for any indisposition. (Munde.)

5. Moderate coition is allowable during the first seven months of pregnancy, and fondling of the breasts and nipples by the husband during the latter months is advisable. (Späth, *Geburtsenkunde*, 1857.)

6. *Signs and Symptoms of Pregnancy.* Morning sickness occurs during the end of the first month, the second and third months, and sometimes during the fourth and fifth months. Occurring after that, it is probably abnormal. (Munde.)

7. Menstrual suppression is the rule during all the months. The menses may occur during the first, second, and third months, rarely afterward. Conception may occur when menstruation is normally absent, as in young girls before menstruation is established, and after the change of life, and during lactation.*

8. At the beginning of the third month

*Playfair's *System of Midwifery*, 1885, page 145.

mammary areolæ become turgid. This is not a reliable sign, as it may occur in uterine or ovarian disease. (Playfair.)

9. Abdomen begins to enlarge during the third month, and becomes marked during the fourth, when the uterus rises three fingers' breadth above the symphysis pubis; during the fifth it occupies the hypogastric region; during the sixth it rises to the umbilicus; during the seventh two inches upward; during the eighth and ninth months it gradually enlarges until it reaches the ensiform cartilage. For about a week before delivery the uterus sinks somewhat into the pelvic cavity. (Playfair.)

10. Fetal movements start in at about the middle of the fifth month. These movements may be simulated by irregular contractions of abdominal muscles or flatus within the bowels. (Playfair.)

11. Ballottement will be of service at the end of the fourth month to the end of the sixth month. (Playfair.)

12. Uterine souffle can be heard at the end of the fourth month, and until the term ends. (Playfair.)

13. Fetal heart sound can be made out

during the fifth, sixth, seventh, eighth, and ninth months. The pulsation is likened to the tic-tac of a watch under a pillow. Steinbach makes the beat 131 for male children, and 138 for females, but this is not practical. The beat is most easily heard when the back of child lies to the abdomen of mother. An accelerated or irregular beat, preceding or during labor, means danger to the child. There is no relation between the fetal and maternal pulse.

14. The most valuable signs of pregnancy are fetal heart pulsation, fetal movements, ballottement, and intermittent contractions of the uterus.

15. Miscellaneous signs of pregnancy are dusky hue of the vagina, dentalgia, facial neuralgia, tendency to syncope, salivation, unusual gratification during some particular act of coitus. (Munde.)

16. The unimpregnated uterus measures two and one half inches and weighs one ounce, at term it measures six times as many inches and weighs twenty-four times as many ounces. The cervix uteri does not shorten during pregnancy, except during the fortnight preceding delivery, which is

due to incipient uterine contraction. The cervix begins to soften by the end of the fourth month; by end of the sixth month one half is thus altered; by the eighth, the whole of it. The os is generally patulous. (Playfair.)

17. *Diagnosis of Pregnancy by External Manipulation.* By inspection we may learn the general contour of the abdominal enlargement, whether it be of the usual pear-shape or broader, as is the case with shoulder presentations. Where there are twins side by side, there is usually a depression or sulcus between them, and the uterus is broader transversely. If the twins be placed one in front of the other no difference can be noted in the breadth of the uterus.

18. By percussion we make out the outlines of the uterus.

19. By palpation we feel the outlines of the uterine tumor, the prominent parts of the child, the round, hard, bony head, the soft breech, the knees, the feet, the elbows, the round, arched back, and the movements of the child.

20. By auscultation we may learn the condition, the presentation, the position, and

the sex of the fetus, and the location of the placenta. (Wilson.)

21. The position of the fetus is generally head downward, and breech toward the fundus uteri. (Playfair.)

22. *Spurious Pregnancy.* Pregnancy is simulated by pelvic or abdominal tumors, obesity, ascites, tympanites, distension due to retained menstrual blood, amenorrhea, etc. A careful physical examination is the only guard against a mistake. (Munde.)

23. *Abnormal Pregnancy.* Extra-uterine gestation—early treatment, the faradic current, late treatment, laparotomy—is very dangerous. Molar pregnancy, be it hydatiform, carneous, or spurious, calls for complete removal of the mass. Hydramnios may necessitate premature delivery. (Munde.)

24. *Disorders of Pregnancy.* Vomiting of pregnancy, as a rule, needs no treatment, but, if excessive, it is relieved the quickest by the application of cocaine and vaseline (one in fifty) against the os uteri, and by one sixteenth of a grain of cocaine, internally, frequently repeated.* When vomiting of pregnancy becomes so persistent that it

*Therapeutic Gazette, January, 1888, page 32.

resists all treatment and threatens to destroy the pregnant female, abortion or premature labor may become necessary, but should never be undertaken without a consultation. (Munde.)

25. Anemia: the best treatment for this is good food, light, air, exercise, iron, and arsenic, and removal of the cause, if possible.

26. Plethora may call for saline laxatives and restriction of albuminoid food.

27. In constipation direct a regular hour of the day for going to the closet, and give compound licorice powder, or cascara sagrada, or enemata.

28. Diarrhea should never be neglected, as it may lead to abortion or premature labor. Give paregoric and tincture of catechu, or acetate of lead, opium, and ipecac, and keep the patient quiet.

29. Leucorrhea calls for vaginal washing with carbolized tepid water.

30. Pruritus, which may be general or local, treat with soda baths if the former, and, if the latter, treat with carbolic acid in glycerine, nitrate of silver in mild solution, cocaine in rose-water, hydrate of chloral in water, etc.

31. Frequent micturition may often be relieved by an abdominal supporter. So also incontinence of urine. Strychnia, belladonna, or cantharides may be tried in both troubles.

32. In varicose veins, besides applying a flannel bandage or a silk stocking, instruct the woman how to apply a compress and bandage in case of rupture of a vein, as the hemorrhage may be great.

33. Diabetes, albuminuria, jaundice, neuralgia, hemorrhoids, etc., during pregnancy, call for the same treatment as when occurring at other times.

34. Uterine displacements call for replacement, followed by the application of an appropriate pessary and supporter.

35. False pains may come on at any time during pregnancy, and can not be told from true pains except that the former are relieved by opium.*

36. High temperature in the mother is not necessarily incompatible with fetal life.†

37. *Immature Delivery.* Abortion is the expulsion of the ovum before the formation

*Dr. H. Leaman, N. Y. Medical Journal, December 31, 1887, page 749.

†Dr. Wilson, Philadelphia Obstetrical Society, Medical Standard, January, 1888.

of the placenta (twelfth week); miscarriage, its expulsion before the period of viability (twenty-eighth week); premature delivery, its expulsion between the twenty-eighth and thirty-eighth week. (Munde.)

38. Causes of immature delivery are predisposing, dependent on a constitutional affection; and exciting, dependent on mechanical or emotional violence. Symptoms are pain and hemorrhage, and dilatation of the os uteri. Dangers to mother from sepsis, fatal hemorrhage, perimetric inflammation, carneous moles. Dangers to child—want of viability.

39. Treatment is prophylactic by fluid extract black haw, and removal or avoidance of cause; preventative by rest, opium, and black haw; and, in inevitable cases of abortion, empty the uterus and check the bleeding by rest and ergot, by tampon, and after dilatation of cervix by finger or dull curette. (Munde.)

40. Miscarriage should be treated like abortion, and premature labor like labor at full term.

41. Artificial abortion is best performed, up to the fifth month, by dilatation of the

cervix with the steel-branched dilator; it is done because of (1) persistent vomiting, (2) organic visceral lesion, (3) incarcerated uterus, (4) deformity of pelvis, (5) presence of large tumors. (Munde.)

42. Premature labor is best induced by catheterization of the uterus—not rupture of membranes, for (1) dyspnea from enormous distension of the abdomen from any cause, (2) hemorrhage from placenta previa, (3) uncontrollable vomiting, (4) organic heart trouble, (5) habitual death of the fetus, (6) pelvic contraction of moderate degree, (7) hopeless condition of the mother, (8) where in previous labors there have been unusually large children. (Munde.)

43. *Fetus.* Fetus at first month is rarely to be detected in abortions. At second month it weighs sixty grains, measures six to eight lines, head and extremities are visible, eyes are two black spots on side of head, umbilical cord is straight, the clavicle and inferior maxillary bone begin to ossify. At third month the embryo weighs from seventy to three hundred grains, measures from two to three inches, fore-arm is formed, fingers can be traced, placenta is formed. At fourth

month weight is from four to six ounces, length six inches, sex of the child can be made out. At fifth month, weight, ten ounces; length, ten inches; hair and nails beginning. At six months, weight, one pound; length, eleven to twelve inches; membrana pupillaris; eyebrows. At seven months, weight, three or four pounds; length, thirteen to fifteen inches; eyelids are open; testicles in scrotum; clitoris prominent. At eight months, weight, four to five pounds; length, sixteen to eighteen inches; nails; membrana pupillaris has disappeared. At nine months, weight, six to eight pounds; length, nineteen to twenty inches; males somewhat heavier than females. (Playfair.)

44. *Signs of Death of Fetus.* Before labor the signs of death of the fetus are, (1) loss of fetal heart beat, (2) loss of fetal motion, (3) sense of dull weight in the uterine region felt by mother, (4) sense of coldness in the womb, (5) putrescent fœtor in the discharges, (6) discharge of flatus from the uterus.

45. *The Placenta, Liquor Amnii, etc.* The placenta supplies nutriment to and aerates the blood of the fetus. It may be situated any where in the uterine cavity. The um-

bilical cord is the channel of communication between the fetus and placenta. The placenta at full term is a moist mass, containing a great deal of blood; spongy in texture; about seven inches in diameter; usually oval; one surface smooth, facing the cavity in which the fetus lies, the other surface rough, fastened to the walls of the uterus. The color is reddish, but varies in tint according to the condition of the blood.*

46. Liquor amnii is secreted by the amnion and the allantois, it affords a fluid medium in which the fetus floats, and so is protected from shocks and jars, it saves the uterus from injury from the movements of the fetus, and in labor it lubricates the passages. It has nothing to do with the nourishment of the fetus.

47. The uterine and placental murmurs are not usually taken notice of in the diagnosis of pregnancy.

48. Knots in the umbilical cord are brought about by passage of the child through a loop in the cord, generally during labor.†

*C. E. Minot, Reference Hand-book Medical Sciences, Vol. V, 1887, page 693.

†Medical Standard, January, 1888, page 19.

49. In twins, triplets, etc., there may be one placenta or more than one. If two fetuses, these may be joined by two cords to one placenta. This can not be made out during pregnancy.

50. "So-called material impressions, monstrosities, marks, etc., are the result of arrest of evolution due to pressure by amniotic bands, pressure by the umbilical cord, adhesions of the placenta, or to some pathological condition of the fetus or its membranes, or to heredity."†

JASPER, IND.

†Arch. Dixon, American Practitioner and News, Vol IV, 1887, page 353.

